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Bib Data Sheet

CONFIRMATION NO. 5067

<b>SERIAL NUMBER</b> 10/536,480	<b>FILING OR 371(c) DATE</b> 02/14/2006 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3768	<b>ATTORNEY DOCKET NO.</b> PN0296
<b>APPLICANTS</b> Oskar Axelsson, Malmo, SWEDEN; Klaes Golman, Malno, SWEDEN; Sven Mansson, Malmo, SWEDEN; Stefan Petersson, Malmo, SWEDEN;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/NO03/00395 11/27/2003 <i>KF</i>				
<b>** FOREIGN APPLICATIONS *****</b> NORWAY 200225711 11/27/2002 <i>KF</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/18/2006</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>Kathryn</i> Examiner's Signature Initials <i>KF</i>		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 20
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 36335				
<b>TITLE</b> Method of magnetic resonance imaging				
<b>FILING FEE RECEIVED</b> 1230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	